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7590 08/16/2010

Rvan, Mason & Lewis, LLP 90 Forest Avenue Locust Valley, NY 11560

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(Signature) (Date)

DATE DUE

ATTORNEY DOCKET NO. CONFIRMATION NO. APPLICATION NO FILING DATE FIRST NAMED INVENTOR 7529 07/15/2003 Rajarshi Bhattacharya 1-4-2-2-1 10/620.045

TITLE OF INVENTION: METHOD AND APPARATUS FOR AUTOMATIC GENERATION OF MULTIPLE INTEGRATED CIRCUIT SIMULATION CONFIGURATION

APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	(OTAL PER(S) DOR	DITIBUU	
nonprovisional	NO	\$1510	\$300	\$0	\$1810	11/16/2010	
EXAMINER		ART UNIT	CLASS-SUBCLASS]			
OCHOA, JUAN CARLOS		2123	703-014000				
Change of correspondence address or indication of "Fee Address" (37 CFR 1563). Change of correspondence address (or Change of Correspondence Address form PTOSB/122) attached. The Address' indication of "Fee Address" Indication form PTOSB/17: Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.		era 2	1 Ryan, Mason & Lewis, LLP 2 3	

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the patent. If an assignce is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Allentown, PA 18109 Agere Systems Inc.

Please check the appropriate assignee category or categories (will not be printed on the patent) : 🔲 Individual 🛣 Corporation or other private group entity 🖵 Government

4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) 4a. The following fee(s) are submitted:

X Issue Fee
X Publication Fee (No small entity discount permitted) A check is enclosed.

Payment by credit card. Form PTO-2038 is attached.

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The Director is hereby authorized to charge the required fee(s), any deficiency, or credit an overpayment, to Deposit Account Number 50-0762 (enclose an extra copy of this f (enclose an extra copy of this form).

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Date September 22, 2010

37.922 Registration No.

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